



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET  
LOS ANGELES, CA 90012  
(213) 974-7691

[www.board.co.la.ca.us/blc](http://www.board.co.la.ca.us/blc)



### MEMBERS

STEVEN AFRIAT  
*PRESIDENT*  
RENÉE CAMPBELL  
*VICE-PRESIDENT*  
SARA VASQUEZ  
*SECRETARY*  
JAMES BARGER  
*COMMISSIONER*  
SHAN LEE  
*COMMISSIONER*

December 28, 2011

Violina Peapea Brown  
Samoan Federation of America  
404 E. Carson St.  
Carson, CA 90745

### **HEARING ON APPLICATION FOR BINGO MANAGER** **BUSINESS LICENSE ID #138622**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, January 11, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

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*SECRETARY*

JAMES BARGER

*COMMISSIONER*

SHAN LEE

*COMMISSIONER*

November 18, 2011

Violina Peapea Brown  
Samoan Federation of America  
404 E Carson Street  
Carson, CA 90745

### **HEARING ON APPLICATION FOR BINGO MANAGER** **BUSINESS LICENSE ID #138622**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, November 30, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

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Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

**CUSTOMER CODE : Z 91085**

**NEWSPAPER :.....XXXXX**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....XXXXXX**  
**2<sup>ND</sup> PUBLISHING DATE:.....XXXXXX**  
**3<sup>RD</sup> PUBLISHING DATE:.....XXXXXX**

**REPRINTS ORDERED: NONE**

**NOTICE ON HEARING TO CONDUCT**

**BINGO MANAGER**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

**ADVANCE PROOF REQUESTED**

**ADDRESS OF PREMISES:.....833 W. TORRANCE BLVD**  
**.....TORRANCE, CA 90502**  
**NAME OF APPLICANT:.....SAMOAN FEDERATION OF AMERICA**  
**...../ VIOLINA PEAPEA BROWN**  
**DATE OF HEARING:..... 11/30/2011**  
**TIME OF HEARING:.....09:00 A.M.**

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD  
RELATIVE THERETO”**

**OFFICE OF THE COMMISSION:**

**BUSINESS LICENSE COMMISSION  
374 KENNETH HAHN HALL OF ADMINISTRATION  
500 W. TEMPLE STREET  
LOS ANGELES, CA 90012**

**RETURN TO:**

**LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012**





**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **BINGO MANAGER**

ADDRESS OF BUSINESS: **833 W TORRANCE BLVD, TORRANCE, CA 90502**

TELEPHONE:

OWNER OF BUSINESS: **VIOLINA PEAPEA BROWN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SAMAON FEDERATION OF AMERICA**

MAILING ADDRESS: **404 E CARSON STREET, CARSON, CA 90745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	09/28/11	_____
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/28/11	_____

Conditions:





Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 138022

APPLICANT INFORMATION

Applicant's Full Name: VIOLINA PEAPEA BROWN

BUSINESS INFORMATION

Type of Business:	Address of Business: <u>833 West Torrance Blvd. Torrance, CA. 90502</u>	
<u>Bingo Game 3531</u>	Business Telephone: <u>(310) 834-6403</u>	
DBA (Business Name): <u>Samoan Federation of America</u>	Mailing Address: <u>404 E. CARSON, ST, CARSON CA. 90745</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>4/1974</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>Samoan Federation of America, INC.</u>		
Names of Officers	Addresses	Titles
<u>Pete P. Talatogo</u>	<u>19802 S. Main St Carson, CA 90745</u>	<u>President</u>
<u>Harold Roy</u>	<u>3405 Linden Ave, LB 90807</u>	<u>Board Secretary</u>
<u>Faapulou P. Talatogo</u>	<u>19802 S. Main St Carson CA 90745</u>	<u>DIRECTOR</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 6/20/11 Applicant's Signature: [Signature]

Application taken by: [Signature] Date: 6/20/2011



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

*RLK*

**BUSINESS LICENSE  
APPLICATION REFERRAL**

*911-00890*

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 833 W TORRANCE BLVD, TORRANCE, CA 90502

TELEPHONE:

OWNER OF BUSINESS: VIOLINA PEAPEA BROWN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMON FEDERATION OF AMERICA

MAILING ADDRESS: 404 E CARSON STREET, CARSON, CA 90745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION:

*Approval*

SIGNATURE:

*[Signature]*

DATE:

*9/26/11*

BASIC LICENSE NO. 3531

DATE 06/21/11

IDENTIFICATION NUMBER 138622

*JPB*